# PTSD and Quality of Life Changes in Aortic Disease Patients

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## **BACKGROUND**

- ➤ Post- Traumatic Stress Disorder (PTSD) is well defined and studied in the context of trauma.
- > Recently, major cardiac diseases/events have been identified as risk factors PTSD.
- Aortic diseases (AD), specifically aortic dissection is less understood however given its dramatic course and poor prognosis we posit that it is a significant risk factor.

### **OBJECTIVE**

To determine whether Aortic disease can lead to development of PTSD and the impact on patients Quality of Life and Quality of Life perception.

## **METHODS**

- ➤ In this IRB-approved study, 4 types of aortic diseases were identified as possible traumas
- > PCL-5 checklist was used to measure symptoms of PTSD
- ➤ Modified Veterans-Rand Survey was administered to assess health related quality of life.
- > Optional free-text sections for addressing secondary objectives (quality of life and feedback for clinicians)
- ➤ Data were collected by an online self-administered, anonymous survey in 2020, 2021 and 2022.

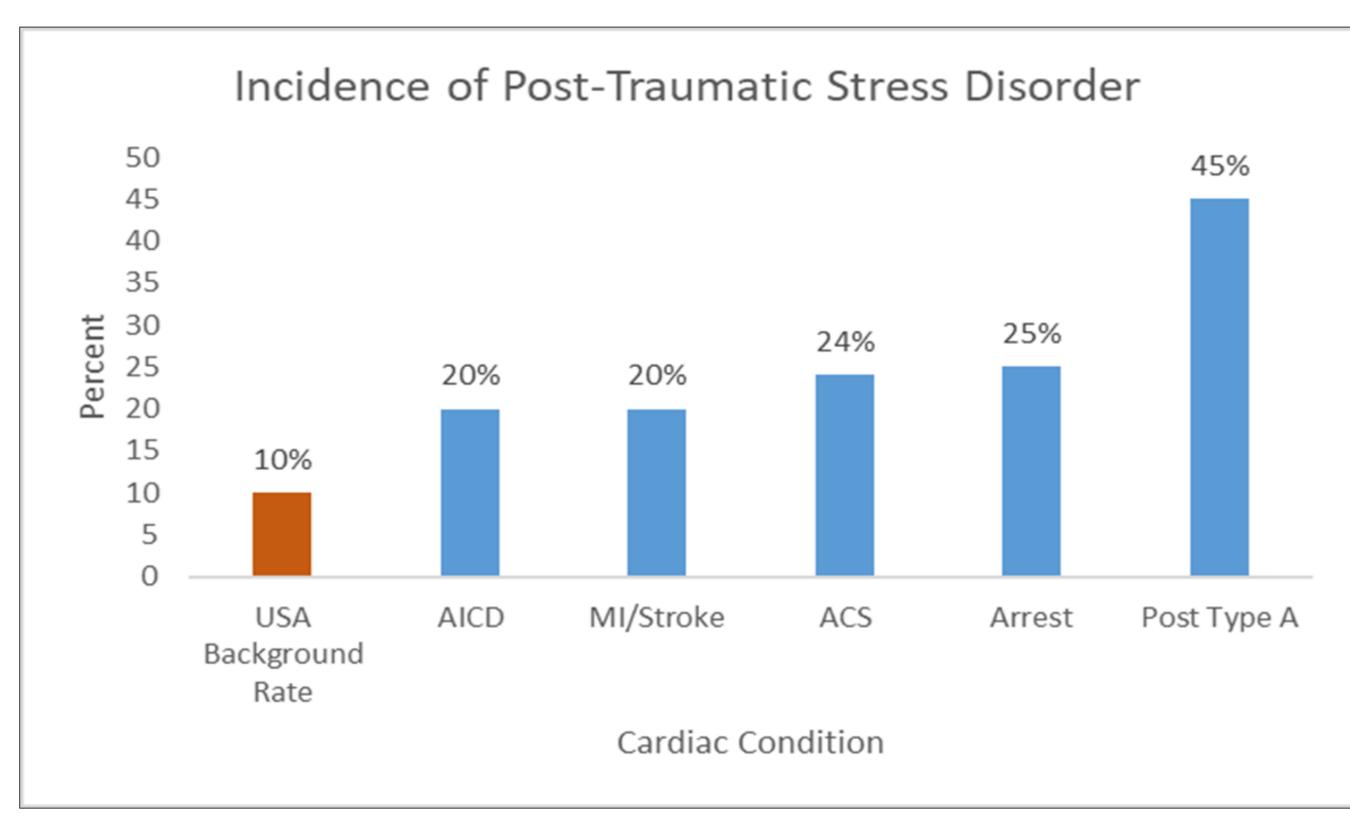
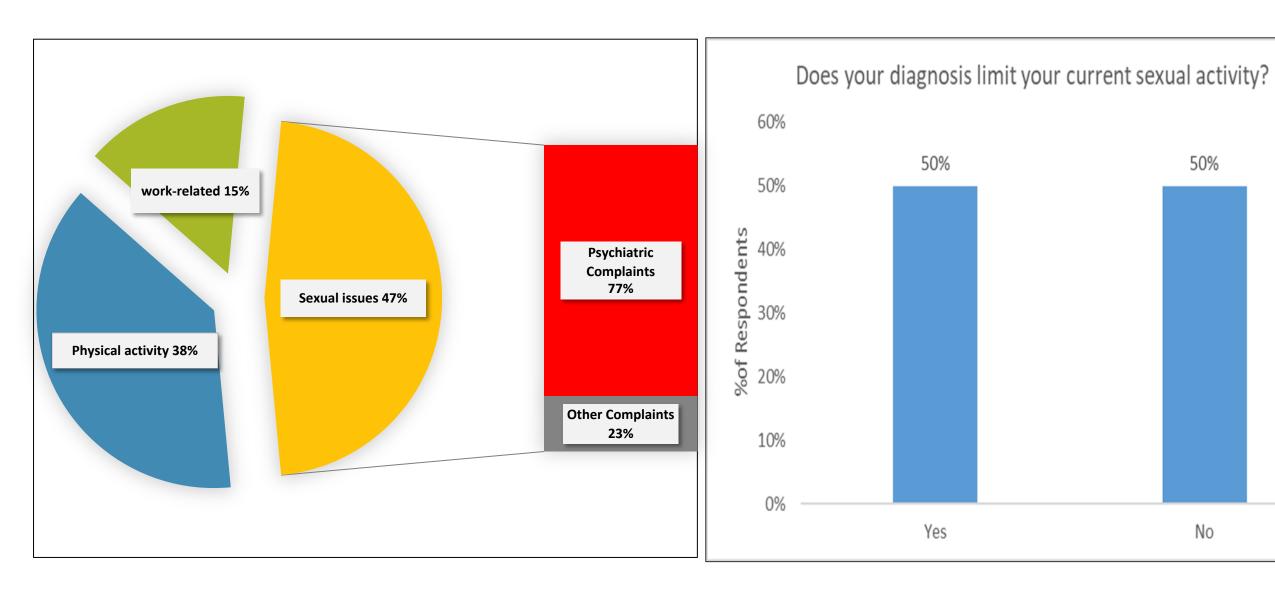


Figure: Rates of PTSD in various cardiac diseases when compared to background rate



#### **RESULTS**

- > N (668)
- > 28.1% patients had provisional diagnosis of PTSD based on PCL-5
- > 55.6% had psychiatric complaints (n =302)
- > 77% reported impaired perception of QOL
- > 49% reported reduction in physical activity
- > 19.5% reported work-related concerns
- > 50% reported impact on sexual activity

#### **CONCLUSION & IMPLICATIONS**

- > Aortic Disease is a significant risk factor for PTSD
- Symptoms reported were in congruence with other disorders such as adjustment, generalized anxiety, and major depressive.
- ➤ There is significant impact of QOL and perceived QOL was seen; especially in patients with untreated anxiety and depression even if they didn't meet criteria for PTSD
- > Patients with untreated psychiatric illness have poor health behaviors and therefore poor health outcomes.
- Cross collaborative care model with Cardiothoracic Surgery and Psychiatry would help identity at-risk individuals early and improve overall outcomes.

In relation to this presentation, I declare that there are no conflicts of interest.